

Original Research Article

The Level of Patient Satisfaction with Hospital Services under National Health Insurance Program Inmakassar City, Indonesia

Syahrir A. Pasinringi¹, I R Wandy², Atika Fakianti³, Ameliyah³

¹Head of Department, ²Lecturer, ³Student,
Hospital Management Department, Public Health Faculty, Universities Hasanuddin, Indonesia

Corresponding Author: I R Wandy

Received: 01/07/2015

Revised: 24/07/2015

Accepted: 31/07/2015

ABSTRACT

Background: In the Indonesia national health insurance (JKN) road map is expected that in 2019 all health facilities including hospitals will meet the high quality standards and patient satisfaction.

Objectives: This study aimed to analyze the level of patient satisfaction with Hospital Services under National Health Insurance Program in Makassar City, Indonesia.

Methods: This research was a quantitative research with survey methods. Total respondents were 347 inpatients from 2 hospital class B in Makassar City. The questionnaire was a modification from the hospital consumer assessment of healthcare providers and system (HCAHPS) questionnaire.

Results: The research showed that the number of patient unsatisfied with hospital services under National Health Insurance still high were 49.3% and very unsatisfied were 7.8%.

Conclusion: It is recommended for hospital to improve their services quality especially in drugs services and hospital environment. For government and health insurance program office we suggest to establish a regular monitoring and evaluation for improving the quality of national health insurance program in Indonesia.

Keywords: Patient Satisfaction, National Health Insurance, Hospital.

INTRODUCTION

January 1st 2014 Indonesia took a large step forward in its attempt to achieve universal healthcare coverage (UHC) by unifying various public insurance schemes under a single social security agency. The Social Security Management Agency for the Health Sector (BPJS Kesehatan), tasked with the implementation of the National Health Insurance Program (JKN). The JKN was conceived to provide better health coverage for all Indonesians, by extending insurance to the entire population, including

large swathes of the population previously not covered by any public insurance schemes.

The single-payer UHC model was officially rolled out within Indonesia by the BPJS in the form of the JKN which has been implemented since January 1st 2014, and aims to provide health insurance to the entire country's population of 250 million people within five years (by 2019). In particular, the JKN is expected to improve health insurance coverage for the poor and near poor, the self-employed, as well as

those employed in the informal sector, consequently allowing for better access to healthcare.

Although premiums differ according to the ability and willingness of individuals to pay for social health insurance, the JKN is positioned as a national health insurance scheme that provides a comprehensive package of healthcare services to all Indonesians, differing only in the “quality” (in terms of ward class). All members of the JKN would be able to access a wide range of health services provided by public facilities, as well as some private facilities that have opted to join the JKN scheme as providers. Private insurance is expected to play its role in the system by providing for excess or additional coverage of services not included in the JKN.

As observed from other countries with more mature UHC programs (eg, Taiwan and Japan), having a single-payer model is a large step forward in achieving true UHC in terms of being able to provide access to healthcare services to the masses. Indonesia national health insurance program road map is expected that in year 2019, every health facilities including hospitals will meet the high quality standards with the patient satisfaction is one of the indicators.

Patient satisfaction surveys are essential in obtaining a comprehensive understanding of the patient’s need and their opinion of the service received. It is a vital tool in evaluating the quality of healthcare delivery service in hospital.

Patient satisfaction was defined as the result of matching one’s expectation of healthcare services with actual experiences whether it is pleasant or disappointed in Advances in Service Marketing and Management. The level of satisfaction will be low if the services do not meet what the patients have wished. However, the patients will show a high level of satisfaction if their expectations are met. In addition, patients

will feel highly satisfied and delightful if services are even better than what they have expected. ⁽¹⁾

Although the rollout of the JKN on January 1st 2014 was a significant step towards UHC, several issues with the JKN have immediately become evident. Some of these issues may present unique opportunities to various stakeholders in the healthcare industry; however, some issues could potentially cripple the long-term success of the national health insurance scheme. ⁽²⁾

In recent years, patient satisfaction levels have been identified as one of the major indicators of quality of care and are influenced by a range of factors. ^(3,4) Patient satisfaction is a complex dimension affected by many different components of patient care. One version of the definition states that the satisfaction construct reflects three basic variables: the personal preferences of the patient, the patient’s expectations and the realities of the care received. ⁽⁵⁾

Feedback from the users of healthcare facilities and institutions is generally considered to be vital for quality assessment and quality assurance. ⁽⁶⁾ Evaluation of healthcare provision is essential in the ongoing assessment and consequent quality improvement of medical services. ⁽⁷⁾ Therefore, patient-perceived quality of care or patient satisfaction should be included, together with other measures, in quality improvement programs. ⁽⁸⁾

While international research on patient satisfaction on healthcare especially in hospital has grown tremendously in the past three decades, little research has been conducted concerning healthcare-related patient satisfaction in Indonesia especially after implementing National Health Insurance Program since January 2014.

This study aimed to analyze the level of patient satisfaction with Hospital Services under National Health Insurance Program in

Makassar City, Indonesia. This research also provides a recommendation to improve the patient satisfaction level as one of quality indicator.

MATERIALS AND METHODS

This research was a quantitative research with survey methods. The questionnaire was a modification from the hospital consumer assessment of healthcare providers and system (HCAHPS) questionnaire.

The patient satisfaction level was measured with questionnaire consist by six dimension such as doctor Communication, nurses communication, responsiveness of hospital staff, drugs services, hospital environment, food services and overall patient satisfaction.

Respondents are asked to rate each item of a dimension on a four-point Likert scale of agreement (never, sometimes, usually and Never) or based on their satisfaction (very unsatisfied, unsatisfied, satisfied, very satisfied).

The location of research was 2 hospital class B in Makassar City. Total respondents were 347 inpatients. The respondent is an inpatient at hospital that used National Health Insurance Program. The respondent collected used random sampling method. The data was analyzed with SPSS with frequency table.

RESULTS

Patient satisfaction is the process in which patients assess the actual performance of the health care service against their expectations. There is general agreement that client satisfaction is an integral component of service quality ⁽⁹⁾ and expanded definitions of health service quality typically make explicit mention of patient satisfaction. ⁽¹⁰⁾

Table 1 showed that the total respondents of this research were 347

inpatients with 36.9% were patient subsidized and 63.1% were unsubsidized.

The table 1 show that respondent majority are female (53.6%) and then male (46.4%). An overall the number of patient unsatisfied with quality of National Health Insurance Program in Hospital were high.

The table 1 showed that the number of patient unsatisfied with hospital services under National Health Insurance were 49.3% and very unsatisfied were 7.8%.

Tabel 1. Characteristics of respondent

Characteristics	n	%
Hospital		
Haji Hospital	207	59.7
LabuangBaji Hospital	140	40.3
Sex		
Male	161	46.4
Female	186	53.6
Patient type		
Subsidized	128	36.9
Unsubsidized	219	63.1
Overall Satisfaction		
Very Unsatisfied	27	7.8
Unsatisfied	171	49.3
Satisfied	129	37.2
Very Satisfied	20	5.8

Table 2 showed Patient Satisfaction level in each dimensions such as doctor Communication, nurses communication, responsiveness of hospital staff, drugs services, hospital environment, food services and overall patient satisfaction.

The table 2 showed that the qualities of drugs services are low. Doctors, Nurse and Pharmacies were not regularly and did not always gave information about the drugs when they gave it to patients. The doctors just sometimes tell the patients what the drugs was for (33.7%), Nurses (28.0%) and Pharmacies (42.1%).

The Table 2 also showed that the quality of hospital environment were still low. Based on patient opinion, they said that the inpatient room and bathroom did not kept clean every time and the hospital room sign also did not clearly.

Table 2. Patient Satisfaction level in each dimension

Dimensions	Never (%)	Sometimes (%)	Usually (%)	Always (%)
A. Doctors Communication				
Doctors treat with courtesy and respect	0.6	1.7	86.2	11.5
Doctors listen carefully	0.6	2.6	85.6	11.2
Doctors explain things in a way could understand	0.6	2.6	85.0	11.8
B. Nurses Communication				
Nurses treat with courtesy and respect	0	1.7	88.2	10.1
Nurses listen carefully	0	2.3	87.6	10.1
Nurses explain things in a way could understand	0	2.9	87.6	9.5
C. Responsiveness of Hospital Staff				
After pressed the call button. how often did you get help	0	5.8	85.0	9.2
Nurses immediately help when you needed	0	4.0	84.1	11.8
Doctors are regularly visiting every day	0.6	11.0	80.7	7.8
D. Drugs Services				
Nurses give a drugs on schedules	0	9.5	84.4	6.1
Doctors tell you what the drugs was for	0.9	33.7	59.7	5.8
Nurses tell you what the drugs was for	0.3	28.0	66.6	5.2
Pharmacies tell you what the drugs was for	1.2	42.1	52.4	4.3
Nurses describe possible side effects in a way you could understand	0.3	34.0	59.9	5.8
Doctors describe possible side effects in a way you could understand	0.3	25.9	69.5	4.3
Pharmacies describe possible side effects in a way you could understand	0.9	40.6	53.9	4.6
E. Hospital Environment				
Room and bathroom kept clean	1.7	29.4	62.8	6.1
The area around your room quiet at night	0	7.2	87.3	5.5
Hospital room sign are clearly	1.2	33.7	59.7	5.5
F. Food Services				
The food give on schedules	0	2.6	90.5	6.9
The food menu based on your diseases	0	10.4	83.9	5.8
The food are hygiene and delicious	0	3.2	89.9	6.9

DISCUSSION

In recent years, both the technology of medical care and the organization of the health care delivery systems have changed dramatically. The resulting increasing competition has made providers of health care more sensitive to notions of customer service. Service quality is an outcome defined as an attitude that customers develop over time about an organization. This attitude is based on the customers' perception of the organization's actual performance of a particular service or group of services. ⁽¹¹⁾ Customers-patients are the consumers of health care.

Measurement of patient judgments about quality of care and health outcomes is advancing rapidly because patients are in an excellent position to evaluate certain aspects of the process of care. Learning about what consumers want from their health care and what quality care means to them gives us a better understanding of their expectations.

Consumer satisfaction surveys are thus evolving from marketing tools to product and service quality measures. Patient satisfaction is a category that has received much attention as a useful measure of the quality of care. Patient satisfaction has been advocated as one aspect of outcome measurement in quality assurance programs. ⁽¹²⁾

Satisfaction is the "fulfillment of desire or need" and "ample provision for desire or need." ⁽¹³⁾ If the patient feels that his or her desires or needs have been met. This is understood as satisfaction. It also implies the achievement of a basic minimum expectation. Pascoe defined patient satisfaction as health care recipients' reaction to salient aspects of the context process and result of their experience. ⁽¹²⁾ When measuring patient satisfaction. Experience is related to a subjective standard or set of values and expectations.

This standard may be one or a combination of the following: a subjective

ideal a subjective sense of what one deserves a subjective average of past experience in similar situations or some minimally acceptable level.

Patient satisfaction has been defined as the degree of congruency between a patient's expectations of ideal nursing care and her or his perception of the real nursing care she or he receives. Therefore patient satisfaction is a subjective perception from the patient's point of view that caregivers can regard as reality even though this perception may disregard the appropriateness of therapy and outcomes of patient's health status. ⁽¹²⁾

The Indonesia national health insurance (JKN) road map expected that in 2019 all health facilities including hospitals will meet the high quality standards and patient satisfaction is one of the indicators. It is expected that in 2019 that number of patient satisfied with this program are minimum 85%.

Patient satisfaction is one of the barometers that reflect how well a health care system is working. ⁽¹⁴⁾ In recent years patients have increasingly been considered as consumers or customers by the health care system. ⁽¹⁵⁾ It has become increasingly important for health care professionals to systematically measure patients' satisfaction with their care. Measuring patient satisfaction involves evaluating patient's perceptions and determining whether they felt that their needs were adequately met. ^(15,16) Healthcare staff awareness about the needs and wants of their patients. ⁽¹⁷⁾ As well as physician-patient interaction significantly affects the patients' satisfaction. ^(18,19)

There are several issues have to improve by hospital for improving the patient satisfaction level with their services under national health insurance program. An overall majority the patient feels unsatisfied with the quality of National Health

Insurance Program in Hospital (49.3%). very unsatisfied (7.8%). In other hands, the patients who feel satisfied were only 37.2% and very satisfied were 5.8%.

This result is quite different from the other countries where their level of patient satisfaction with national health insurance services at their hospital already in high level. Such as in turkey more than half of the participants were satisfied (53.3%) ⁽¹⁹⁾ Romania with 78% satisfaction. ⁽²⁰⁾ Taiwan national health insurance received 70% public satisfaction rate. ⁽²¹⁾ In South Korea. Minister of Strategy and Finance survey in 2006 showed the overall patient satisfaction rate was 63.3%. ⁽¹⁴⁾

The hospital needs to improve their services especially in drugs services. The doctor's nurses and Pharmacies were not regularly and did not always gave information about the drugs information when they gave it to the patients. It is important because drugs services it's not only can improve patient satisfaction but also patient safety issue.

The others issue has to improve by hospital are the quality of hospital environment. The patient felt that the inpatient room and bathroom did not kept clean every time and the hospital room sign also did not clearly. This situation makes the patient did not convenience when they stay in hospital during his treatments.

The food menu also has get attention by the hospital. The food menu which is served to the patient has to formulate based on patient diseases. It is important to help improve the patient health status. The doctor also has to visiting the patient every day to monitor the health status of patient and give change the patient to communicate with the doctor about their disease. If the doctor did not visiting patient every day. Some treatment for patient can be delayed and it makes length of stay patient in hospital will longer.

CONCLUSSION AND RECOMMENDATION

The National health insurance program was officially rolled out within Indonesia by the BPJS Office has been implemented since January 1st 2014. In particular, the JKN is expected to improve health insurance coverage and health status of Indonesian people and allowing them for better access to healthcare. But until now there are several issues have to improve especially on patient satisfaction with hospital services.

The level of patient satisfaction under National Health Insurance Program in Makassar still has problems. The number of patient unsatisfied with this program services by hospital were still low.

It is recommended for hospital to improve their services quality especially in drugs services, hospital environment and responsiveness of hospital staff. This research also give suggested to government and health insurance program office to establish a regular monitoring and evaluation for improving the quality of national health insurance program in Indonesia.

ACKNOWLEDGEMENTS

The authors wish to thank to the hospitals, enumerators and respondent who were participated in this survey.

REFERENCES

1. Swartz TA. Bowen DE. Brown SN. and Stephen. *Advances in Service Marketing and Management. Research and practice.* 1993;2:65-85.
2. TohShiqi & Chan Michelle. *Universal healthcare coverage in Indonesia: One year on.* The Economist Intelligence Unit Limited. January 2015.
3. Hudak PL. Wright JG. *The characteristics of patient satisfaction measures.* Spine 2000;25:67-77.

4. Nayeri ND. Aghajani M. *Patients' privacy and satisfaction in the emergency department: a descriptive analytical study.* Nurs Ethics 2010;17:167-77.
5. Ware JE. Jr. Snyder MK. Wright WR et al. *Defining and measuring patient satisfaction with medical care.* Eval Program Plann 1983;6:247-63.
6. Van Campen C. Sixma H. Friele RD et al. *Quality of care and patient satisfaction: a review of measuring instruments.* Med Care Res Rev 1995;52:109.
7. Jenkinson C. Coulter A. Bruster S et al. *Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care.* QualSaf Health Care 2002; 11:335-9.
8. Zhihuayan. Daiwan and Li Li. *Patient satisfaction in two Chinese provinces: rural and urban differences.* International Journal for Quality in Health Care 2011; 23:4:384-389
9. Sitzia.J.. Wood. N... *Patient satisfaction: a review of issues and concepts.* Social Science and Medicine. 1997;45: 1829-1843.
10. Lohr. K. (Ed.).. *Medicare: a Strategy for Quality Assurance.* National Academy Press. Washington. DC. 1990.
11. Niedz BA. *Correlates of hospitalized patients' perceptions of service quality.* Res Nurs Health. 1998;21:339-349.
12. Chin-Hua Han.et. al. *Measuring Patient Satisfaction as an Outcome of Nursing Care at a Teaching Hospital of Southern Taiwan.* J Nurs Care Qual. 2000;18:2: 143-150.
13. Wilkin D. Hallam L. Doggett M-A. *Measures of Need and Outcome for Primary Health Care.* New York: Oxford University Press; 1992.
14. Chun.C.B.. S.Y. Kim. J.Y. Lee and S.Y. Lee.. *Republic of Korea: Health system review.* Health Systems in Transition: World Health Organization on behalf of the European Observatory on Health Systems and Policies. 2009. 11: 1-184.

15. Kleeberg.U.R., P. Feyer. W. Gunther and M. Behrens. Patient satisfaction in outpatient cancer care: a prospective survey using The PASQOC(R) questionnaire. Support. Care. Cancer. 2008. 16: 947-954.
16. Williams. B. and G. Grant. Defining "people centredness": making the implicit explicit. Health and Social Care in the Community. 1998. 6: 84-94.
17. Rad, N.F., A.P. Mat Som and Y. Zainuddin. Service Quality and Patients' Satisfaction in Medical Tourism. World Applied Sciences J. 2010;10: 24-30.
18. Ranjbarian.B.. A. Emami and P. Ranjbarian. Dentists' Socio-Emotional. Informational Behaviors and Their patient's Satisfaction: A Case Study from Iran. Middle-East J. Scientific Res.. 2012. 11: 318-323.
19. Saad Ahmed Ali Jadoo. SharifaEzat Wan Puteh. Zafar Ahmed and Ammar Jawdal. Level of Patients' Satisfaction Toward National Health Insurance in Istanbul City (Turkey). World Applied Sciences Journal. 2001;17 (8): 976-985.
20. Bara.A.C.. W.J.A. Van. Den. Heuvel. J.A.M. Maarse and J.P. Van. Dijk. Users' satisfaction with the Romanian health care system: an evaluation of Romanian health care system: an evaluation of Health.2002. 12: 39-40.
21. Lu. J.F. and W.C. Hsiao. Does universal health insurance make health care unaffordable? United States NLM ID. 2003; 22:77-88.

How to cite this article: Pasinringi SA, Wandy IR, Atika Fakianti A et. al. The Level of Patient Satisfaction with Hospital Services under National Health Insurance Program in Makassar City, Indonesia. Int J Health Sci Res. 2015; 5(8):468-474.

International Journal of Health Sciences & Research (IJHSR)

Publish your work in this journal

The International Journal of Health Sciences & Research is a multidisciplinary indexed open access double-blind peer-reviewed international journal that publishes original research articles from all areas of health sciences and allied branches. This monthly journal is characterised by rapid publication of reviews, original research and case reports across all the fields of health sciences. The details of journal are available on its official website (www.ijhsr.org).

Submit your manuscript by email: editor.ijhsr@gmail.com OR editor.ijhsr@yahoo.com